

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/593,354

FILING DATE

09-19-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3			e			
4			<i>Cancelled</i>			
5						
6						
7						
8			e			
9						
10				1		
11				1		
12				1		
13				1		
14				1		
15			<i>Cancelled</i>			
16						
17			<i>Cancelled</i>			
18						
19			<i>Cancelled</i>			
20						
21			e			
22			e			
23				1		
24			e			
25			e			
26				1		
27			e			
28				1		
29			e			
30				1		
31				1		
32			e			
33			e			
34				1		
35			e			
36				1		
37				1		
38				1		
39				1		
40			e			
41						
42						
43			e			
44				1		
45			e			
46			e			
47				1		
48			e			
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			1			
52			e			
53						
54						
55						
56						
57						
58			e			
59						
60				1		
61				1		
62				1		
63			e			
64						
65						
66			e			
67				1		
68				1		
69				1		
70			1			
71						
72						
73						
74						
75						
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90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	27	←		←
TOTAL CLAIMS			31			